



PILATES

& CUSTOM FITNESS

Client Information Questionnaire

Please complete and return to your trainer at least 2 business days prior to your first scheduled session.

All information on this form will be treated as strictly confidential. Please fill out the forms **completely and accurately**. This information is essential to helping your trainer develop a program that addresses your needs, goals, and is safe and effective.

Name: _____ Date of Birth (mm/dd/year) _____ Age _____

Address _____
Street City State Zip code

Phone: _____ (home) _____ (cell)

Email address: _____

Occupation: _____

Emergency Contact: _____ Relationship: _____

Phone: _____ Who referred you: _____

PAR-Q FORM – Please mark yes or no to the following:

YES

NO

	YES	NO
Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity?		
Do you frequently have pains in your chest when you perform physical activity?		
Have you had chest pain when you are not doing physical activity?		
Do you lose your balance due to dizziness or do you ever lose consciousness?		
Do you have bone, joint, or any other health problems that cause you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, arthritis, back problems, etc.)?		
Are you pregnant now or have given birth within the last 6 months?		
Have you had a recent surgery?		

If you answered yes to any of the above questions, you are strongly recommended to talk to your doctor before beginning an exercise regimen.

FITNESS AND EXERCISE QUESTIONS

1. Occupational stress level: Low / Medium / High
2. Energy level: Low / Medium / High
3. When did you first start thinking about getting into shape? _____
4. What if anything stopped you in the past? _____
5. On a scale of 1 to 10, how would you rate your present fitness level (1=worst, 10=best) _____

Skip to Question 10 if you are presently inactive

6. How often do you take part in physical exercise?
5-7X A WEEK 4-3X A WEEK 1-2X A WEEK LESS THAN 1X A WEEK
7. If your participation is lower than you would like it to be, what are the reasons?
LACK OF INTEREST ILLNESS/INJURY LACK OF TIME OTHER _____
8. For how long have you been consistently physically active? _____
9. What activities are you presently involved in?

Activity	Frequency/Week	Average Length	Easy/Mod/Hard
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_____	_____	_____	_____
_____	_____	_____	_____

10. Have you ever trained with a personal trainer or pilates instructor before? YES / NO
IF YES, please explain:

11. Please make any other comments you feel are pertinent to your exercise program.

FAMILY & PERSONAL MEDICAL HISTORY

If there is a family history for any condition, please check the box on the left. If you are personally experiencing any of the conditions, fill the information in on the line.

- Asthma _____
- Osteoporosis _____
- Respiratory/Pulmonary Conditions _____
- Diabetes Type I _____ Type II _____ How long? _____
- Epilepsy Petite Mal _____ Grand Mal _____ Other _____

LIFESTYLE AND DIETARY FACTORS

Colds/Respiratory infections per year _____

Anemia: _____

Gastrointestinal Disorder _____

Hypoglycemia _____

Thyroid Disorder _____

Pre/Postnatal _____

CARDIOVASCULAR

High Blood Pressure _____

High Cholesterol _____

Heart Disease/Heart Attack _____

Stroke _____

MUSCULOSKELETAL INFORMATION

Please describe any past or current musculoskeletal conditions you have incurred, such as muscle pulls, sprains, fractures, surgery, back pain, or general discomfort.

Head/Neck _____

Upper Back _____

Shoulder/Clavicle _____

Arm/Elbow _____

Wrist/Hand _____

Lower Back _____

Hip/Pelvis _____

Thigh/Knee _____

Arthritis _____

Hernia _____

Surgeries _____

Other _____

Signature of Training Client: _____ Date _____

Signature of Personal Trainer: _____ Date _____